Purpose	To outline recommended strategies to prevent COVID-19 outbreaks on inpatient psychiatry units, mitigate spread should an outbreak occur, and minimize disruption to essential services and patient care. Individual facilities may use these principles and develop more detailed local protocols tailored to available resources.
Scope	NYC Health + Hospitals inpatient psychiatry patient care units.
Guidelines	

Standard Measures	All patients should be reminded to wear a well-fitting mask unless alone in a single occupancy room. All staff should adhere to current standard H+H PPE guidelines, along with transmission-based precautions where applicable. Whenever possible, keep group activities to a size that allows sufficient distancing to be maintained between all individuals. All staff and patients to adhere to proper hand hygiene. **Notify Office of Behavioral Health and Central Office Infection Prevention and Control office of any outbreaks.**
Testing	a. All patients planned for admission should have a screening COVID-19 PCR test done within 24 hours **prior to admission** to the inpatient unit. This applies to admissions from CPEP and new transfers from other hospital units or healthcare facilities. i. If the patient refuses testing upon admission and is asymptomatic, they should be strongly encouraged to remain masked at all times, and closely observed for signs and symptoms of COVID-19 for 14 days following admission. b. All patients who develop signs and/or symptoms of COVID-19 (see Appendix A) should be tested immediately and isolated while test result is pending. This applies even if they tested negative at the time of admission to the unit. i. If a symptomatic patient refuses testing, they should be placed in isolation until testing is complete or until criteria for discontinuation of COVID-19 isolation are met.

		c. If a patient who tested negative upon admission or refused testing at time of admission, then subsequently tests positive, notify facility infection prevention and control department and implement recommended testing of the other patients on the unit: i. Roommates and close acquaintances of the patient should be tested ii. If the patient was attending groups and/or was congregating with other patients on the unit, then all patients on the unit should be tested. iii. Patients who tested negative at the time of the initial exposure should be re-tested at 3-7 days following the exposure. Any additional follow-up testing should be under the guidance of the infection prevention and control (IP) staff.
	Isolation	a. All COVID-positive patients and symptomatic patients who refuse testing should be isolated until criteria for discontinuation of isolation are met. i. Patients who test positive for COVID-19 can be cohorted with other patients that test positive, but not with those who are awaiting a test or are symptomatic and are refusing a test. b. Patients on isolation should be restricted from groups and off unit activities (except necessary medical testing or procedures). When leaving their isolation room or unit, patients must be masked at all times. c. Isolated patients should be encouraged to stay in their rooms at all times and eat meals in their room, however they cannot be prevented from leaving their room solely on the basis of their COVID-19 status. Options for isolation include: ▪ Single room isolation with the door closed (if safe) ▪ Cohorting multiple COVID-positive patients in a multiple bed room with the door closed (if safe) ▪ Creating a physically separated space on the unit (e.g. behind closed fire doors) designated for COVID-positive patients ▪ Designating an entire unit for COVID-positive patient isolation if the facility has sufficient overall inpatient psychiatry bed capacity to allow this

	▪ Transferring the patient to an isolation room on a medical unit (preferred if patient is medically complex or developing worsening COVID-19) ▪ Transferring the patient to a psychiatric unit within the H+H system that is designated as a COVID-19 isolation unit
NOTE: Decision on designating an entire unit for COVID isolation should not be made unilaterally. It needs to be discussed between Behavioral Health and Infection Prevention and Control leadership. Facilities must also involve Office of Behavioral Health and Central Office Infection Prevention and Control in any discussions regarding these decisions.	
Unit Quarantine	When there is evidence of ongoing COVID-19 transmission on a patient care unit, based on a risk assessment performed by facility IP and Behavioral Health (BH) leadership, units can opt to initiate unit quarantine if there is capacity to divert new admissions to other BH units and/or if there is evidence of widespread transmission. Factors that may influence decision to quarantine a unit include the ability to (1) effectively isolate COVID-positive patients and (2) separate COVID-negative new admissions from other patients on the unit who were exposed to COVID-19. **NOTE: Decision on initiating unit quarantine should not be made unilaterally. It needs to be discussed between Behavioral Health and Infection Prevention and Control leadership. Units must involve Office of Behavioral Health and Central Office Infection Prevention and Control in any discussions regarding decision to quarantine a unit.** a. Quarantine entails: i. Cohorting and isolation as noted above. ii. Universal use of well-fitting mask unless alone in a single occupancy room. iii. COVID-positive patients can continue group activities amongst themselves. Exposed patients may have limited or no group activities under guidance from facility IP, while ensuring any groups remain small with strict masking and distancing. iv. Minimal use of the day room / public spaces. If used, strict masking and distancing must be enforced.

		v. No off-unit activities except for medical testing / procedures vi. No admissions except for patients who are COVID-positive and can be effectively isolated as noted above. vii. All patients under quarantine who have not tested positive should have daily temperature check and COVID-19 symptom screens **(see Appendix A)**. Febrile or symptomatic patients should be isolated and tested for COVID-19 immediately. viii. Visitation should be managed according to facility visitation policy. b. Quarantine may be discontinued if: i. At least one round of serial testing performed 3-7 days after the most recent new COVID-positive case identifies no new COVID-19 cases AND ii. Facility IP and BH leadership agree on resuming usual operations AND iii. All patients on the unit will be monitored for new signs and symptoms of COVID-19 for 10 days after the last new COVID-positive patient (see Appendix A). NOTE: Testing of asymptomatic individuals is generally not recommended if the patient recovered from COVID in the past 30 days. COVID-positive patients should not be re-tested unless required for discontinuing isolation for severely immune compromised patients, and under consultation with infection control or infectious diseases service.	
Reference	CDC: https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-correctional-settings.html CDC Isolation and Quarantine definitions: https://www.cdc.gov/quarantine/index.html NYSDOH: https://omh.ny.gov/omhweb/guidance/covid-19-guidance-infection-control-public-mh-system-sites.pdf		

Definitions	**Outbreak** - Two or more laboratory-confirmed COVID-19 cases among patients with onsets within a 14-day period who are epidemiologically linked (i.e. were admitted to the same patient care unit and had close contact with each other). The count does not include cases diagnosed on admission. **Isolation** – this refers to the process of separating sick people with a contagious disease from people who are not sick. **Quarantine** – this refers to the process of separating and restricting the movement and/or activities of people who were exposed to a contagious disease to monitor them for the development of illness.

Appendix A

COVID-19 Screening Tool

Vital signs should be measured (including temperature, pulse rate, respiratory rate, and O2 saturation), and staff should ask if the patient has any of the following new symptoms over the past 24 hours:

Fever or chills
Runny nose
Cough, sore throat, or shortness of breath
Muscle or body aches
Headache
Loss of taste or smell
Nausea, vomiting, or diarrhea

If vital signs are abnormal, or patient reports symptoms, the patient should be evaluated by clinical staff to determine whether isolation and testing is indicated.

Reviewed and/or Revised

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